

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/645,556 FILING DATE

APPLICANT(S)

106-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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48			/			
49			/			
50			/			
TOTAL IND.	5		1			
TOTAL DEP.	22	2	3	2		
TOTAL CLAIMS	27	2	3	2		

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

IND.
DEP.
IND.
DEP.
IND.
DEP.

PTO-1360 (2-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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